					_							
	in this information t	to identify your ca	ase:									
Del	otor 1	Jackie Miles										
1 -	otor 2 buse, if filing)											
Uni	ted States Bankrup	tcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA								
Ca	se number 17-15520					Check if this is:						
(If known)						An amende	d filing					
							ent showing postpet as of the following d	•				
0	fficial Form	<u> 1061</u>			Ī	MM / DD/ Y	YYY					
S	chedule I:	Your Inc	ome					12/1				
atta Pa	ch a separate she	et to this form.		ith you, do not include informa onal pages, write your name ar								
1.	Fill in your empl information.	oyment		Debtor 1		Debtor 2	or non-filing spou	ıse				
	If you have more		Employment status	■ Employed		☐ Employed						
	attach a separate page with information about additional employers.		Employment status	☐ Not employed	☐ Not employed							
			Occupation	Security								
	Include part-time, self-employed wo		Employer's name	Lincoln Holdings, LLC								
	Occupation may i or homemaker, if		Employer's address	Monumental Sports & Entertainment 601 F Street, Washington, DC 20004								
			How long employed t	here?		_						
Pai	rt 2: Give De	tails About Mor	thly Income									
	mate monthly incouse unless you are		ate you file this form. If	you have nothing to report for any	y line, writ	e \$0 in the	space. Include you	r non-filing				
	ou or your non-filing e space, attach a se			ombine the information for all emp	oloyers for	that perso	n on the lines belov	ı. If you need				
					For De	btor 1	For Debtor 2 or non-filing spous	se				
2.		<b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2.					\$ <b>N</b>	I/A				
3.	Estimate and lis	t monthly overt	ime pay.	3. +	\$	0.00	+\$ <b>N</b>	I/A				

Calculate gross Income. Add line 2 + line 3.

7,917.00

N/A

Deb	tor 1	Jackie Miles	-	C	ase number (if kr	nown)	17-15	5520		
	Cop	by line 4 here	4.		For Debtor 1	7.00		Debtor : -filing s		
5.	Lie									_
5.		all payroll deductions:			<b>*</b>		Φ.			
	5a.	Tax, Medicare, and Social Security deductions	5a		\$ 1,802		. \$_		N/A	_
	5b.	Mandatory contributions for retirement plans	5b			0.00	. \$_		N/A	_
	5c. 5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c. 5d		. ———	6.33 0.00	* *		N/A N/A	_
	5u. 5e.	Insurance	5e		·	2.50	· \$		N/A N/A	_
	5f.	Domestic support obligations	5f.		·	0.00	\$ 		N/A	_
	5g.	Union dues	5g		·	0.00	·		N/A	_
	5h.	Other deductions. Specify:	5h			0.00	—		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	9	2,541	.50	\$		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	5,375	5.50	\$		N/A	_
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a		\$	0.00	\$		N/A	_
	8b.	Interest and dividends	8b	). :	\$	0.00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.			0.00	\$		N/A	_
	8d.	Unemployment compensation	8d		. — — — — — — — — — — — — — — — — — — —	0.00			N/A	_
	8e.	Social Security	8e	;. ;	\$	0.00	. \$		N/A	_
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income	e 8f. 8g			0.00	\$		N/A N/A	_
	8h.	Other monthly income. Specify: Tax refund	8h	,	·		+ \$		N/A	_
		Tax total		г			· · —			- 
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	\$ 500.00		\$		N/A	4
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	5,875.50	+ \$		N/A	= \$	5,875.50
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		<u> </u>	0,01010	Ľ			· –	
11.	State all other regular contributions to the expenses that you list in <i>Schedule J</i> .  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .								0.00	
12.		If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certainlies						12.	\$	5,875.50 ned
13.	Do	you expect an increase or decrease within the year after you file this form	?							y income
		No. Yes. Explain:								
	1 1	I CO. LADIGIII.								

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